

**DEQ
WASTEWATER FACILITY INSPECTION REPORT**

PREFACE

VPDES/State Certification No.	(RE) Issuance Date	Amendment Date	Expiration Date
VA00			
Facility Name	Address		Telephone Number
Owner Name	Address		Telephone Number
Responsible Official	Title		Telephone Number
Responsible Operator	Operator Cert. Class/number		Telephone Number

TYPE OF FACILITY:

DOMESTIC				INDUSTRIAL			
Federal		Major		Major		Primary	
Non-federal		Minor		Minor		Secondary	

INFLUENT CHARACTERISTICS:

DESIGN:

	Flow		
	Population Served		
	Connections Served		
	BOD ₅		
	TSS		

EFFLUENT LIMITS: SPECIFY UNITS

Parameter	Min.	Avg.	Max.	Parameter	Min.	Avg.	Max.

	Receiving Stream		
	Basin		
	Discharge Point (LONG)		
	Discharge Point (LAT)		

**DEQ
WASTEWATER FACILITY
INSPECTION REPORT
PART 1**

Inspection date:

Date form completed:

Inspection by:

Inspection agency: DEQ

Time spent:

Announced: Yes No

Reviewed by:

Scheduled: Yes No

Present at inspection:

TYPE OF FACILITY:

Domestic**Industrial**☐ Federal☐ Major☐ Major☐ Primary☐ Nonfederal☐ Minor☐ Minor☐ Secondary

Type of inspection:

☐ Routine

Date of last inspection:

☐ Compliance/Assistance/Complaint Agency:**DEQ**☐ Reinspection

Population served: approx.

Connections served: approx.

Last month grab: {parameter}: {conc}mg/L
(Influent)Month:

Flow: MGD

Other: pH: S.U.

Last month grab: mg/L
(Effluent)

Flow: MGD

Other:

First Quarter average: mg/L
(Effluent)

Flow: MGD

Other:

DATA VERIFIED IN PREFACE

☐ Updated☐ No changes

Has there been any new construction?

☐ Yes☐ No

If yes, were plans and specifications approved?

☐ Yes☐ No☐ N/A

DEQ approval date:

(A) PLANT OPERATION AND MAINTENANCE

1. Class and number of licensed operators: I - , II - , III - , IV - , Trainee -
2. Hours per day plant is manned:
3. Describe adequacy of staffing. ☐ Good ☐ Average ☐ Poor
4. Does the plant have an established program for training personnel?
 ☐ Yes ☐ No
5. Describe the adequacy of the training program. ☐ Good ☐ Average ☐ Poor
6. Are preventive maintenance tasks scheduled? ☐ Yes ☐ No
7. Describe the adequacy of maintenance. ☐ Good ☐ Average ☐ Poor*
8. Does the plant experience any organic/hydraulic overloading?
If yes, identify cause and impact on plant: ☐ Yes ☐ No
9. Any bypassing since last inspection? ☐ Yes ☐ No
10. Is the standby electric generator operational? ☐ Yes ☐ No* ☐ NA
11. Is the STP alarm system operational? ☐ Yes ☐ No* ☐ NA
12. How often is the standby generator exercised?
Power Transfer Switch? Alarm System?
13. When was the cross connection control device last tested on the potable water service?
14. Is sludge being disposed in accordance with the approved sludge disposal plan? ☐ Yes ☐ No ☐ NA
15. Is septage received by the facility? ☐ Yes ☐ No
Is septage loading controlled? ☐ Yes ☐ No
Are records maintained? ☐ Yes ☐ No
16. Overall appearance of facility: ☐ Good ☐ Average ☐ Poor

Comments:

*Responses with this symbol should be of particular concern and the investigator may want to address the problem in more detail in the Comments Section.

(B) PLANT RECORDS

1. Which of the following records does the plant maintain?

Operational Logs for each unit process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Instrument maintenance and calibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Mechanical equipment maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Industrial waste contribution (Municipal Facilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

2. What does the operational log contain?

<input type="checkbox"/> Visual observations	<input type="checkbox"/> Flow measurement
<input type="checkbox"/> Laboratory results	<input type="checkbox"/> Process adjustments
<input type="checkbox"/> Control calculations	<input type="checkbox"/> Other (specify)

Comments:

3. What do the mechanical equipment records contain?

<input type="checkbox"/> As built plans and specs	<input type="checkbox"/> Spare parts inventory
<input type="checkbox"/> Manufacturers instructions	<input type="checkbox"/> Equipment/parts suppliers
<input type="checkbox"/> Lubrication schedules	<input type="checkbox"/> Other (specify)

Comments:

4. What do the industrial waste contribution records contain
(Municipal Only)?

<input type="checkbox"/> Waste characteristics	<input type="checkbox"/> Locations and discharge types
<input type="checkbox"/> Impact on plant	<input type="checkbox"/> Other (specify)

Comments:

5. Which of the following records are kept at the plant and available to personnel?

<input type="checkbox"/> Equipment maintenance records	<input type="checkbox"/> Operational Log
<input type="checkbox"/> Industrial contributor records	<input type="checkbox"/> Instrumentation records
<input type="checkbox"/> Sampling and testing records	

6. Records not normally available to plant personnel and their location:

7. Were the records reviewed during the inspection? ☐ Yes ☐ No

8. Are the records adequate and the O & M Manual current? ☐ Yes ☐ No

9. Are the records maintained for the required 3-year time period? ☐ Yes ☐ No

Comments:

(C) SAMPLING

1. Do sampling locations appear to be capable of providing representative samples? ☐ Yes ☐ No*
2. Do sample types correspond to those required by the VPDES permit? ☐ Yes ☐ No*
3. Do sampling frequencies correspond to those required by the VPDES permit? ☐ Yes ☐ No*
4. Are composite samples collected in proportion to flow? ☐ Yes ☐ No* ☐ NA
5. Are composite samples refrigerated during collection? ☐ Yes ☐ No* ☐ NA
6. Does plant maintain required records of sampling? ☐ Yes ☐ No*
7. Does plant run operational control tests? ☐ Yes ☐ No

Comments:

(D) TESTING

1. Who performs the testing? ☐ Plant ☐ Central Lab ☐ Commercial Lab

Name:

If plant performs any testing, complete 2-4.

2. What method is used for chlorine analysis?
3. Does plant appear to have sufficient equipment to perform required tests? ☐ Yes ☐ No*
4. Does testing equipment appear to be clean and/or operable? ☐ Yes ☐ No*

Comments:

(E) FOR INDUSTRIAL FACILITIES WITH TECHNOLOGY BASED LIMITS ONLY

1. Is the production process as described in the permit application? (If no, describe changes in comments)
☐ Yes ☐ No ☐ NA
2. Do products and production rates correspond as provided in the permit application? (If no, list differences)
☐ Yes ☐ No ☐ NA
3. Has the State been notified of the changes and their impact on plant effluent? Date:
☐ Yes ☐ No* ☐ NA

Comments:

Problems identified at last inspection:

	Corrected	Not Corrected
1.	[]	[]
2.	[]	[]
3.	[]	[]
4.	[]	[]
5.	[]	[]
6.	[]	[]
7.	[]	[]
8.	[]	[]
9.	[]	[]
10.	[]	[]

SUMMARY**Comments:****Recommendations for action:**